



**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TENNESSEE**

**ATTORNEY
CHANGE OF ADDRESS FORM**

NAME: _____

(Print)

Attorney Bar ID: _____

To ensure that all address changes are accurate and current, you will need to supply the Court with your old and new address.

NEW ADDRESS effective as of ____/____/____

Phone Number: _____

OLD ADDRESS

Signature

Date